

# ILLICIT DISCHARGE REPORTING FORM

## Inspector Information

Name:	
Contact Phone Number:	Date and Time Discharge Discovered:

## Discharge Information

(1) Owner Name/Address:	
City/Boro/Twp:	Nearest Intersection/Landmark:
GPS location, if known:	Lat: Long:
How Long since Last Rainfall: <input type="checkbox"/> Raining Now <input type="checkbox"/> 0-2 Days <input type="checkbox"/> 3 or more Days	Nature of Discharge or Flow: <input type="checkbox"/> Solid (Continuous) <input type="checkbox"/> Intermittent (Occasional) <input type="checkbox"/> Pulsing (Fluctuating) <input type="checkbox"/> Transitory (Prior Spill)
If possible, identify the source of the discharge* <input type="checkbox"/> Pipe Outfall <input type="checkbox"/> Gutter <input type="checkbox"/> Sanitary Wastewater <input type="checkbox"/> Ditch <input type="checkbox"/> Septic System <input type="checkbox"/> Spill <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Other: _____ <small>* Add descriptions of discharge/source to Field Photograph Log Sheet</small>	Potential for Discharge to enter into: <input type="checkbox"/> Stream/Water Body <input type="checkbox"/> Wetland <input type="checkbox"/> Storm Drain <input type="checkbox"/> Other: _____
Was water flow observed? <input type="checkbox"/> Yes <input type="checkbox"/> No Direct Connection to pipe/inlet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a photo taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach photos.
(2) Describe Odor:	
<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs (Sulphur) <input type="checkbox"/> Rancid/Sour Milk <input type="checkbox"/> Sewage <input type="checkbox"/> Gas/Petroleum <input type="checkbox"/> Cooking Oil <input type="checkbox"/> Other: _____	
(2) Describe Clarity:	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Sheen <input type="checkbox"/> Gray	
(2) Describe Color:	
<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Other: _____	
(2) Solids/Floatables:	
<input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Tissue <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Scum <input type="checkbox"/> Iron Sheen <input type="checkbox"/> Unknown	
Additional Information to assist in the Investigation (Vegetation Impacts?): _____	
Describe Upstream/Source Origin/Land Use: <input type="checkbox"/> Forest <input type="checkbox"/> Ag <input type="checkbox"/> Res <input type="checkbox"/> Farmstd <input type="checkbox"/> Com <input type="checkbox"/> Ind <input type="checkbox"/> Vac <input type="checkbox"/> Inst <input type="checkbox"/> Muni <input type="checkbox"/> Mng	